



MEDICAL CERTIFICATION AND AUTHORIZATION
(Gender Change)

1. To be completed by the applicant.

<u>Applicant True Full Name</u> (First, Middle, Last)	<u>Date of Birth</u> (MM.DD.YYYY)
<u>Mailing Address</u>	<u>California Driver License/Identification Card Number</u>
<u>Residence Address</u> (If different from mailing address)	
<u>Daytime Telephone Number</u> ()	<u>Social Security Number</u>

2. CERTIFICATION: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

APPLICANT SIGNATURE

DATE

AUTHORIZATION

All records of the department relating to the physical or mental condition of any person are confidential and not open to public inspection per California Vehicle Code Section 1808.5.

I hereby authorize my physician/psychologist, or health service provider, to release the information below to the California Department of Motor Vehicles for the purpose of obtaining a driver license or an identification card under my preferred gender.
(Applicant's Initials)

3. To be completed by a physician/psychologist licensed in the United States.

My professional opinion is that the applicant's:

Gender identification is: ☐ Male ☐ Female

Demeanor is: ☐ Male ☐ Female

Only a physician licensed in the United States can certify that gender identification is complete.

Gender identification is: ☐ Complete ☐ Transitional

4. To be completed by a physician/psychologist licensed in the United States.

<u>Full Name of Physician/Psychologist</u> (Print)		
<u>Physician (MD)</u> <input type="checkbox"/> <u>Psychologist</u> <input type="checkbox"/>	<u>Examination Date</u>	<u>Medical Case Number</u>
<u>Email Address</u>		
<u>Medical License or Certificate Number</u>	<u>Issuing State</u>	<u>Telephone Number</u> ()
<u>Name of Hospital or Medical Clinic</u>		
<u>Mailing Address</u>		
<u>Physical Address</u> (If different from mailing address)		
5. CERTIFICATION: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
<u>Signature of Physician or Psychologist</u>		<u>Date</u>

6. FOR DMV USE ONLY

DMV Manager or Designee's Signature:

DATE LINE STAMP

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(Gender Change)

<u>INSTRUCTIONS</u>	
<u>Section 1</u>	<p><u>This section is to be completed by the applicant and must include all required information.</u></p> <p><u><i>This form cannot be used to establish True Full Name or make a name change. To establish True Full Name or make a name change, you must submit an approved document identified in California Code of Regulations, Title XIII, Article 2, Sections 15.00 and 20.04. The list of approved documents is also available at www.dmv.ca.gov and in the Department of Motor Vehicles Fast Facts brochure for Birth Date/Legal Presence and True Full Name.</i></u></p>
<u>Section 2</u>	<p><u>This section is to be signed, initialed and dated by the applicant.</u></p>
<u>Section 3</u>	<p><u>This section must be completed by a physician or psychologist licensed in the United States. Either a physician or psychologist can certify that gender identification is transitional or incomplete. <u>Only a physician can certify that gender identification is complete.</u></u></p>
<u>Section 4</u>	<p><u>This section must be completed by a physician or psychologist licensed in the United States.</u></p> <p><u>Only a physician can certify that gender identification is complete.</u></p>
<u>Section 5</u>	<p><u>This section is to be signed and dated by the physician or psychologist.</u></p>
<u>Section 6</u>	<p><u>This section is for the California Department of Motor Vehicles (DMV) use only.</u></p>
	<p><u><i>Failure to complete all required sections of the Medical Certification and Authorization (Gender Change) form will result in refusal of the Driver License or Identification Card Application (DL 44) and the refusal of a driver license or identification card with the requested gender identity.</i></u></p> <p><u>For further questions or assistance, please call DMV's Record Security and Identification Unit (916) 657-6613.</u></p>